



MAY 16 2007

**FACSIMILE TRANSMITTAL**

*from* **HOLLY D. KOZLOWSKI**

**May 16, 2007**

Direct: 513-977-8568 / Fax: 513-977-8141 / kozlowsk@dinslaw.com

**To:** Commissioner for Patents

**Fax Number:** 571-273-8300

**Client Number:** 25401-3

**Pages:** 24  
(including cover)

**Comments:**

If there are any problems in receiving this transmission, please call the fax room at (513) 977-8483 immediately. Thank you.

*Notice*

*This message is intended only for the use of the individuals or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this notice is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this notice in error, please notify us immediately by telephone and return these papers to us at the address below via first class mail.*

RECEIVED  
CENTRAL FAX CENTER

003/024

MAY 16 2007

Docket No. 25401-3

PATENT

**CERTIFICATE OF FACSIMILE**

I hereby certify that this paper is being transmitted via facsimile to: Mail Stop RCE; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 at facsimile number **571-273-8300** on May 16, 2007.

*Senni S. Dell*

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Sabine Stumvoll et al : Paper No.:  
 Serial No.: 10/027,625 : Group Art Unit: 1644  
 Filing Date: December 21, 2001 : Examiner: Nora M. Rooney

For: Use of a Pure Allergen Component

Mail Stop RCE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above identified application.

- [ ] No additional fee is required.  
 [X] Also attached: Request for Three-Month Extension of Time; Request for Continued Examination; Declaration Under 37 C.F.R. 1.132; Credit Card Payment Form (PTO-2038)

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	20	20	0	x \$50=	\$00.00
Independent Claims	3	3	0	x \$200 =	\$00.00
Request for Three-Month Extension of Time					\$1020.00
Request for Continued Examination					\$790.0
<b>TOTAL FEE DUE</b>					<b>\$1810.00</b>

- [ ] A check in the amount of \$0 is enclosed.  
 [X] Please charge \$1810.00 to our Visa credit card. Form PTO-2098 is enclosed.  
 [X] The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

*Holly D. Kozlowski*

Holly D. Kozlowski  
 Registration No. 30,468  
 DINSMORE & SHOHL LLP  
 1900 Chemed Center  
 255 East Fifth Street  
 Cincinnati, Ohio 45202  
 (513) 977-8568